

West Innovation Districts

Development Plan Review

Open Space Fee-in-Lieu

Wireless Applications

□ Alternative Structure

City Council Appeal

☐ New Tower

another application.

Check any that apply:

Other:

Conditional Use

Administrative Appeal

SUBMISSION REQUIREMENTS

for the subject property

□ Basic Plan Review

Waiver Review

Case # 15 - 020 mPR

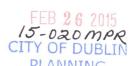
APPLICATION FOR **DEVELOPMENT**

I. PROPERTY INFORMATION: Provide information to identify properties and the proposed development. Attach additional sheets if necessary. Property Address(es): 6711 Dublin Center a PLEASE CHECK THE TYPE OF REVIEW (Zoning Code Sections 153.037 - 153.043) Parcel Size(s) in Acres: Tax ID/Parcel Number(s): **Bridge Street Corridor Districts** (Zoning Code Sections 153.057- 153.066) 273-009054 13.5 AURES Wireless Communication Facility (Chapter 99) PLEASE CHECK THE APPLICATION TYPE Existing Land Use/Development: Zoning District: Minor Project Community Conneccial Community Commercial Site Plan Review Check this box if any Administrative Departures are requested and attach ☐ Master Sign Plan an Administrative Departure request form. ☐ Parking Plan □ Administrative Check this box if any **Waivers** are requested as part of the application for Departure development and attach a Waiver Request form. II. PROPERTY OWNER INFORMATION: Indicate the person(s) or ☐ Co-Location organization(s) who own the property proposed for development. Attach additional □ Temporary pages if there are multiple property owners. The following applications require review and deci-Name (Individual or Organization): sion by the Planning and Zoning Commission, Whittingham Capital, LLC Board of Zoning Appeals, or Architectural Review Board, but may be submitted concurrently with Mailing Address: 6689 Dulles Center Or □ Rezoning Duller OH 43017 Project involving modifications to property within the Architectural Review District Daytime Telephone: 614-764-9981 Email or Alternate Contact Information: ☐ Fee (refer to the approved fees list) Kevin a StarRoff. com Electronic Copies of all application materials (PDF, JPEG, Word, etc. as appropriate) □ Submission Requirements for each type of application (refer to checklists) FOR OFFICE USE ONLY: DIRECTOR'S ACCEPTANCE **Legal Description and/or Property Survey** Date of Acceptance: Next Decision Due Date: Determination: Final Date of Decision:

For questions or more information, please contact Land Use and Long Range Planning at (614) 410-4600 | www.dublin.oh.us



Director's (or Designee's) Signature:



III. APPLICANT(S): Indicate person(s) submitting the application if different than the property owner(s).
Name: (Individual or Organization) AJ Dublin LLC, dbA Average Joes Pub & Grill
Mailing Address: 7491 Calhoun Rd.
Daytime Telephone: 614 - 374 - 5352 Fax:
Email or Alternate Contact Information: the rock well company @ gmail.com
IV. AUTHORIZED REPRESENTATIVE(S): Indicate the person(s) authorized to represent the property owner and/or applicants.
Name: (Individual or Organization) Eric Hi Hy
Mailing Address: 1872 Walden Dr. Columbus OH 43229
Daytime Telephone: 740 - 317 - 9074 Fax:
Email or Alternate Contact Information: hilty, eric agnail.con
V. AUTHORIZATION FOR OWNER'S APPLICANT(S)/REPRESENTATIVE(S): Complete if applicable.
I, Whether Lastel, LLC , the owner , hereby authorize <u>FRICHITY & Bull Cockwell</u> to act as a representative(s) in all matters pertaining to the processing and approval of this application, including modifying the application. I agree to be bound by all representations and agreements made by the designated representative.
Signature of Current Property Owner: Date:
Kenour Carley - Duthorito Agent 2/2015
☐ Check this box if the original Authorization for Owner's Applican(s)/Representative(s) is attached as a separate document.
VI. AUTHORIZATION TO VISIT THE PROPERTY: Site visits to the property by City representatives are essential to process this application. The Owner/Applicant, as noted below, hereby authorizes City representatives to enter, photograph and post a notice on the property described in this application. This is optional, but recommended.
I, White Cupied, We the owner or authorized representative, hereby authorize City representatives to enter, photograph and/or post a notice on the property described in this application.
Signature of Owner or Authorized Representative: Date:
Guin M' Cude, - Advoised Sent 2/20/15
VII. APPLICANT'S AFFIDAVIT: This section must be completed and notarized.
I,
Signature of Current Property Owner or Authorized Representative: Date: 2/20/15
Check this box if the Applicant's Affidavit and Acknowledgement is attached as a separate document.
Subscribed and sworn to before me this 33 day of the sworn to be
CHISTINGE TATES
State of Notary Public State of Ohio County of Delaware County My Commission Expires
この November 26, 2016
For questions or more information, please contact Land Use and Long Range Planning at (614) 410-4600 www.dublin.ch.us Page 2 of 2000 page

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